

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: **2002**

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHAName: Narragansett Housing Authority

PHANumber: RI026

PHAFiscalYearBeginning:(7/1/2002)

PHA Plan Contact Information:

Name: Michael C. McLoughlin

Phone: 401 - 789-9489

TDD: 401- 782-0610

Email(if available): nha@netsense.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered :

☒ Public Housing and Section 8 ☐ Section 8 Only ☐ Public Housing Only

AnnualPHAPlan
FiscalYear20 02
 [24CFRPart903.7]

i.TableofContents

Provideatableofcontentsfor thePlan ,includingattachments,andalistofsupportingdocumentsavailablefor publicinspection . ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providethe attachment'sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedasa **SEPARATE**filesubmissionfromthePHAPPlansfile,providethefilenameinparenthesisinthespaceto theright ofthetitle.

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Other(Listbelow,providingeachattachmentname)	

ii.ExecutiveSummary

[24CFRPart903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

N/A

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The goals and objectives of the PHA remain the same at this time.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. X Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 22,261 _____

C. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment A

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

Component 3, (6) Deconcentration and Income Mixing

- a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

DeconcentrationPolicyforCoveredDevelopments			
DevelopmentName :	Number ofUnits	Explanation(ifany)[seestep4at §903.2(c)(1)((iv)]	Deconcentrationpolicy(if noexplanation)[seestep5 at §903.2(c)(1)(v)]

4.VoucherHomeownershipProgram

[24CFRPart903.79(k)]

A.XYesNo: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B.Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☒ Establishing a minimum home owner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- ☒ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

Capacity Statement; Attachment F

5.Safety and Crime Prevention: PHDEP Plan

[24CFRPart903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ ____ 0 _____

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☒ No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

- ☐ The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
☐ Yes ☒ No: below or
☐ Yes ☒ No: at the end of the RAB Comments in Attachment ____.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
- ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: The Comprehensive Housing Affordability Strategy ("CHAS") dataset Narragansett, Rhode Island

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- X The PHA has based its statement of need of families in the jurisdiction on the need expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

- ☐ The PHA has consulted with the Consolidated Plan Agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The Narragansett Housing Authority is committed to providing quality, affordable housing, that is decent and safe, to eligible families in this community.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

The Narragansett Housing Authority has adopted a resolution, as follows: Any policy change resulting in an increase of 10% or more change to tenant habitation costs.

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan: N/A

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA/s participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA/s participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	TheresultsofthemostrecentfiscalyearauditofthePHA conductedundersection5(h)(2)oftheU.S.HousingActof1937 (42U.S.C.1437c(h)),theresultsofthatauditandthePHA's responsetoanyfindings	AnnualPlan:Annual Audit
N/A	TroubledPHAs:MOA/RecoveryPlan	TroubledPHAs
	Othersupportingdocument s(optional) (listindividually;useasmanylinesasnecessary)	(specifyasneeded)

Annual Statement/Performance and Evaluation Report					<u>Attachment B</u>									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary														
PHA Name: Narragansett Housing Authority					Grant Type and Number Capital Fund Program: RI43PO2650102 Capital Fund Program Replacement Housing Factor Grant No:					Federal FY of Grant: 2002				
<input checked="" type="checkbox"/> Original Annual Statement					<input type="checkbox"/> Reserve for Disasters/Emergencies					<input type="checkbox"/> Revised Annual Statement (revision no:)				
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					<input type="checkbox"/> Final Performance and Evaluation Report									
Line No.	Summary by Development Account				Total Estimated Cost				Total Actual Cost					
					Original	Revised			Obligated	Expended				
1	Total Non - CFP Funds													
2	1406 Operations				22,261			0		0				
3	1408 Management Improvements													
4	1410 Administration													
5	1411 Audit													
6	1415 Liquidated Damages													
7	1430 Fees and Costs													
8	1440 Site Acquisition													
9	1450 Site Improvement													
10	1460 Dwelling Structures													
11	1465.1 Dwelling Equipment — Nonexpendable													
12	1470 Nondwelling Structures													
13	1475 Nondwelling Equipment													
14	1485 Demolition													
15	1490 Replacement Reserve													
16	1492 Moving to Work Demonstration													
17	1495.1 Relocation Costs													
18	1498 Mod Used for Development													
19	1502 Contingency													
20	Amount of Annual Grant: (sum of lines 2 - 19)				22,261			0		0				
21	Amount of line 20 Related to LBP Activities													
22	Amount of line 20 Related to Section 504 Compliance													

AnnualStatement/PerformanceandEvaluationReport		<u>AttachmentB</u>	
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary			
PHAName:NarragansettHousingAuthority		GrantTypeandNumber CapitalFundProgram: RI43PO2650102 CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2002
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:		<input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> FinalPerformanceandEvaluationReport	
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost	
23	Amountoffline20RelatedtoSecurity		
24	Amountoffline20RelatedtoEnergyConservation Measures		

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report				<u>Attachment B</u>	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Narragansett Housing Authority		Grant Type and Number Capital Fund Program: RI43PO2650101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) X Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	22,261		22,261	22,261
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	22,261		22,261	22,261
21	Amount of line 20 Related to LBP Activities				

AnnualStatement/PerformanceandEvaluationReport		<u>AttachmentB</u>	
CapitalFundProgramandCapitalFundProg		ramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary	
PHAName:NarragansettHousingAuthority		GrantTypeandNumber CapitalFundProgram: RI43PO2650101 CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2001
OriginalAnnualStatement		<input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)	
XPerformanceandE valuationReportforPeriodEnding:		<input type="checkbox"/> FinalPerformanceandEvaluationReport	
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost	
22	Amountoffline20RelatedtoSection504Compliance		
23	Amountoffline20RelatedtoSecurity		
24	Amountoffline20RelatedtoEnergyConservation Measures		

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

[illegible]

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

[illegible]

Annual Statement/Performance and Evaluation Report						<u>Attachment B</u>	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary							
PHA Name: Narragansett Housing Authority			Grant Type and Number Capital Fund Program: RI43PO2650100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) X Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report							
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost			
		Original	Revised	Obligated	Expended		
1	Total Non - CFP Funds						
2	1406 Operations	21,905		21,905	21,905		
3	1408 Management Improvements						
4	1410 Administration						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment — Nonexpendable						
12	1470 Non dwelling Structures						
13	1475 Non dwelling Equipment						
14	1485 Demolition						
15	1490 Replacement Reserve						
16	1492 Moving to Work Demonstration						
17	1495.1 Relocation Costs						
18	1498 Mod Used for Development						
19	1502 Contingency						
20	Amount of Annual Grant: (sum of lines 2 - 19)	21,905		21,905	21,905		
21	Amount of line 20 Related to LBP Activities						

AnnualStatement/PerformanceandEvaluationReport		<u>AttachmentB</u>	
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary			
PHAName:NarragansettHousingAuthority		GrantTypeandNumber CapitalFundProgram: RI43PO2650100 CapitalFundProgram ReplacementHousingFactorGrantNo:	
		FederalFYofGrant: 2000	
OriginalAnnualStatement		<input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:)	
XPerformanceandEvaluationReportforPeriodEnding:		<input type="checkbox"/> FinalPerformanceandEvaluati onReport	
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost	
		TotalActualCost	
22	Amountoffline20RelatedtoSection504Compliance		
23	Amountoffline20RelatedtoSecurity		
24	Amountoffline20RelatedtoEnergyConservation Measures		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule

[illegible]

CapitalFundProgram5 -YearActionPlan**AttachmentC**

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA-widephysicalormanagementimprovements plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednot includeinformationfromYearOneofthe5 -Yearcycle,because this informationisincludedintheCapitalFundProgramAnnualStatement.

CFP5 -YearActionPlan		
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)

Year#1 -2002SeeAnnualStatement	-0 -	7/1/02
Year#2 -2003 Operations	22,261	7/1/03
Year#3 -20 04 Operatios	22,261	7/1/04
Year#4 -2005 Painting,newwindows Agencyplans	22,261	7/1/05
Year#5 -2006 Replacementofdoors,Installationofnewlighting,Sealcoatdriveways Computerupgrades	22,261	7/1/06
Totalestimatedcostovernext5years	89,044	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEPProgramHistory

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget**A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

B.PHDEPBudgetSummary

EnterthetotalamountofPHDEPFundingallocatedtoeachlineitem.

FFY_____PHDEPBudgetSummary	
Originalstatement	
Revisedstatementdated:	
BudgetLineItem	TotalFunding
9110 –ReimbursementofLawEnforcement	
9115 -SpecialInitiative	
9116 -GunBuybackTAMatch	
9120 -SecurityPersonnel	
9130 -EmploymentofInvestigators	
9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
TOTALPHDEPFUNDING	

C. PHDEPPlanGoalsandActivities

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudget lineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovide informationinshadedboxes.Informationprovidedmustbeconcise —nottoexceedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsor activitiesmaybedeleted.

9110 –ReimbursementofLawEnforcement		TotalPHDEPFunding:\$
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiati ve					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment D__ : Resident Member on the PHA Governing Board

1. X Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Dorine Paton

B. How was the resident board member selected: (select one)?

☐ Elected

X Appointed

C. The term of appointment is (include the date term expires): April 30, 2007

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

☐ Other (explain):

B. Date of next term expiration of a governing board member: 4/30/2002

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): The Narragansett Town Council

Required Attachment __E__: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Judith Bain
David Reels

RequiredAttachment_F__:CapacityStatement



NARRAGANSETT HOUSING AUTHORITY

SECTION 8 HOME OWNERSHIP PROGRAM

POLICIES AND PROCEDURES

JULY 2001

I. OUTREACH

Information regarding Section 8 Homeownership will be made available to Applicants during the initial briefing. Annually at re-certification time families will receive information on the Section 8 Homeownership Program. Information will be posted in the Narragansett Office and handouts regarding the program and its guidelines will be available.

ELIGIBILITY

Qualified participants must meet the following guidelines:

- ✓ Must be a Section 8 Participant in good standing (i.e. not violated any Section 8 Program requirements).
- ✓ Must have a Section 8 Voucher issued from the Narragansett Housing Authority.
- ✓ Must have been a participant in the Narragansett Housing Authority Section 8 Program for one year.
- ✓ Must meet the HUD definition of first time homeowner (i.e. means the participant has no had ownership interest in a home in the past three years)
- ✓ Must have an annual income of at least \$10,300.00, not to include FIP.
- ✓ The head of household must have been employed full-time continuously for the prior year.
- ✓ The head of household must have successfully completed the Homebuyer Education Classes provided by the Narragansett Housing Authority.
- ✓ The family must put down a payment of at least 3% of the purchase price – 1% of which, must come from personal savings

Eligibility will be determined through the application process

APPLICATION PROCESS

Applications will be given to interested applicants upon request. Completed applications will be reviewed for eligibility status. If the applicant is deemed ineligible and is denied, they may apply in the future. Preference is given to families who participate in the Family Self Sufficiency Program.

Once deemed eligible the family will be re-certified, pre-qualified through a lender, and a credit history check will be performed. Once the information confirms that the family is a mortgage ready consumer, a Section 8 Homeownership Voucher will be issued. In cases where a family needs to overcome barriers to homeownership an action plan will be developed. The action plan will address courses of action to take in regard to repairing credit histories, providing income information and other related issues. When the family has corrected action plan items, a Section 8 Homeownership Voucher will be issued.

ORIENTATION

Orientations will be held on an as-needed basis unless homeownership vouchers are unavailable. At the orientation the applicants will receive an information packet including a pre-qualification form and release of information form. Narragansett Housing Authority will be pre-qualifying applicants through a local mortgage company/financial institution. This form and the pre-approval will be a tool that is used to determine what methods of counseling and education is taken for each participant. All responsibilities and requirements will be explained at that time. Since this program is such a huge commitment and requires much discipline and responsibility, families will be given 48 hours after the orientation to decide if they are ready to commit to Homeownership. Families must return the "Statement of Homeowner Obligations" to the Narragansett Housing Authority office within 48 hours of the Orientation to become actively Homeownership Voucher and an interim examination will be done.

HOMEOWNERSHIP COUNSELING

Participants in this program must participate in the Homebuyer Classes offered by Narragansett Housing Authority. If a participant has participated in other Homebuyer Education Classes from another agency,

they must provide a certificate of completion, class must have been completed in the last six months, and the coursework must have included the following:

- ✓ Home Main tenance
- ✓ Budgeting
- ✓ Credit Counseling and credit repair
- ✓ Negotiating the price of the home
- ✓ Financing and Mortgage
- ✓ Home Shopping
- ✓ Fair Housing and Fair Lending
- ✓ Real Estate Law

Class time must have exceeded 10 hours. This requirement is needed to ensure our clients are receiving the most comprehensive education.

The Narragansett Housing Authority Classes will continue for 11 weeks and meet weekly for 1.5 -2 hours. Attending all classes, arriving on time, completing all assignments and fulfilling all requirements will lead to successful completion. Each family will receive one "Miss one class" card the first night of class. The family can use this card to miss one of the 11 classes. Any other absence from classes will result in termination from the classes and the family will have to wait until the next course of classes to participate.

If the family is a two adult member family the NHA prefers both adults to attend all classes. If both adults are not able to attend together, we suggest a rotation schedule to ensure that both adults have an adequate understanding of the program process. Child care will not be provided; this is the responsibility of the family.

Upon completion of classes, families may move to the next step... Shopping for a home.

ELIGIBLE HOMES

Upon issuance of the Section 8 Homeownership Voucher the family will have 180 days to enter into a Purchase and Sales agreement. NHA is requiring that all our client's contract with a buyer's agent. The buyer's agent will ensure that the client is protected in all aspects of house hunting and the transaction that follow.

Eligible homes must be located in Narragansett and include existing homes or homes under construction. The home must be the family's primary residence and be a single family home. The family must be prepared to remain in the home for a minimum of one year.

The family may look outside of the Narragansett Housing Authority after 120 days if they can prove that there is no suitable house in our jurisdiction that meets their purchase price limits. Families may search for homes for a period of 60 days in other communities in which the PHA's offer the Section 8 Homeownership Program and are accepting new families.

If the event a family cannot find a home that meets their needs in the allotted 180 days NHA will determine if an extension should be granted. The extensions will be determined on a case-by-case basis. It may be necessary after the initial 180 day store -issue the family their Housing choice Voucher for rental assistance until such time the family is ready to purchase a home.

DOWN PAYMENTS

NHA requires a minimum of 3% down payment, of which 1% must be from the family's own resources. If you are a participant in the Family Self Sufficiency Program you may use your escrow funds for your down payment pending you meet the goals of the FSS program. There is no prohibition against utilizing several different resources for down -payment assistance.

INSPECTIONS

Two inspections must be performed prior to purchase –1.) Housing Quality Standards Inspection and 2.) Professional home inspection. The HQS inspection is the standard inspection the NHA performs in accordance with Section 8 Program regulations. The professional inspection determines any necessary pre-purchase repairs. The Inspector will examine the home for structural concerns, radon and insect infestation. NHA along with the agent and the family will meet and discuss the inspection as well as corrections that need to be made.

FINANCING AND PURCHASING REQUIREMENTS

The family has the discretion to choose which Lender they use but the NHA must approve the financing before it is finalized. It is the responsibility of the family to secure its own financing for the purchase of the home. NHA will provide supportive services but it is the family's credit score, income and overall viability of the applicant family to obtain mortgage approval.

Borrowers using the Section 8 Assistance may use this rental assistance to help them qualify for a mortgage. This assistance may be applied directly against their mortgage payment, therefore allowing the borrower to qualify for higher first mortgage. The borrowers would then qualify on the remaining payment after the Section 8 HAP is applied. By underwriting the loan in this manner, the family will have other sources of income for utilities, living expenses and the amount of the remaining mortgage payment after the Section 8 Assistance reduction has been applied.

Lenders must consider public assistance, employment and all sources of income allowed in the Section 8 Rental Assistance Program as income for the Section 8 Homeownership Program. However, Section 8 Housing Assistance itself may be used as a buydown of the house payment and not as a source of income.

NHA will review seller financing on a case-by-case basis. NHA requires a maximum loan to value consistent with FHA guidelines and prohibits balloon payments.

The family may not re-finance, apply for an equity loan or make any other loans against the home without NHA approval.

HOMEOWNERSHIP ASSISTANCE AMOUNT

Assistance will be the difference between the Payment Standard (or monthly Homeownership Expense if less) and 30% of the family's adjusted income. The calculations are comparable to the Section 8 Program calculations. In computing the HAP we must calculate the Homeownership expenses, which include:

- ✓ Principal & Interest
- ✓ Taxes
- ✓ Insurance
- ✓ Condo Fees

- ✓ Utility Allowance
- ✓ Homeownership Allowances

*The Homeownership allowances are broken down into two categories:

Routine maintenance
Major Repairs

Example:

Major repairs allowance is calculated as follows:

Purchase Price	\$80,000
1%	<u>x 1%</u>
	\$800

Divided by 12 months:

Routine maintenance uses the same calculation but uses .5% of the purchase price

Purchase Price	\$80,000
.5%	<u>x .5%</u>
	\$400

Divide by 12 months	\$33
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The Homeowner Assistance Payment will be made directly to the Client each month.

CONTINUED PARTICIPATION

Families participating in the Section 8 Homeownership Program must abide by the Rules and Regulations of the Section 8 Program. The family is STILL a Section 8 Participant the only difference is that the family owns the property rather than renting the property. If a family violates any of the rules and regulations of the Section 8 Program they will be terminated and responsible for the entire mortgage payment.

Annual re-certifications will continue to ensure family eligibility for continued assistance. If the family is determined ineligible for Section 8 Assistance, they will be terminated and responsible for the entire mortgage.

The family must comply with the Statement of Homeownership Obligations and sign it annually at re-certification.

Relocate with Assistance

The family may purchase one home in a one-year period. The family must meet the initial eligibility requirements again. Over the course of the 15-year eligibility period a family may only purchase 3 homes with Section 8 Homeownership Assistance.

If the family should decide to sell the property the NHAM must be consulted before the home is placed on the open market.

DEFAULTS

The family must notify the Housing Authority immediately if the Mortgage goes into default within 2 days of receipt of default letter.

It is at the Authority's discretion whether or not to allow the family to continue in the Homeownership program after a default. If the Loan was a FHA loan and the family failed to convey the title to HUD or to move out within the time required by HUD, they WILL not be allowed to receive voucher assistance.

RECAPTURE OF ASSISTANCE

Homeowners are subject to recapture provisions if they sell their unit within 10 years of initially purchasing the unit. The PHA's right to recapture is secured by a lien on the property. The recapture amount is the equal to whichever is less of:

- ✓ The total Section 8 Homeownership assistance provided to the family reduced by 10% for each full year the family owned the unit, or
- ✓ The difference between the sales price and the purchase price, minus the cost of a ny capital improvements, the cost of selling the home and the amount of any proceeds being used to purchase a new home under the Section 8 Homeownership option, and any amounts previously recaptured under this requirement.

Recapture is also required after refinancing and is the lesser of:

- ✓ The total Section 8 Homeownership assistance reduced by 10% per year (as above), or
- ✓ The difference between the old and the new mortgage debt minus the cost of capital improvements, costs incurred in refinancing to include closing costs and any previous recaptures.

MAXIMUM TERM OF ASSISTANCE

- 1.) Families can receive homeownership assistance for a maximum of 15 years if utilizing a mortgage with a term of 20 years or more.
- 2.) Families can receive homeownership assistance for a maximum of 10 years in all other cases.
- 3.) If the family is elderly, handicapped or disabled there is no time limit. If during the course of homeownership assistance, the family ceases to qualify as disabled or elderly family, the maximum term becomes applicable from the date homeownership assistance commenced.

These policies were written in accordance with 24 CFR Parts 5, 903 and 982.